



AIRSOFT AUCKLAND MEMBERSHIP FORM



1. BASIC DEMOGRAPHICS

Callsign/Nick: _____ E-Mail Address _____

First name: _____ Last name: _____

Male/Female (Please Circle One) _____ DOB: _____ / _____ / _____

Address1: _____

Address2: _____

Home Ph: _____ Mobile: _____

2. AGE DECLARATION

I am over 18 years of age [] I am under 16 years of age []

I am under 18 but over 16 years of age with a firearms license the number is _____

Parent/Guardian Name _____ Signature _____ Date _____

(Parent/Guardian must be the emergency contact)

3. EMERGENCY CONTACT

First name: _____

Relation: _____

Ph: _____

4. MEDICAL ISSUES

Please List Any Medical Conditions That We May Need to Be Aware Of:

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5. PRIVACY DECLARATION *(Please Select One Option Only)*

You have my permission to use any images taken of me for promotional purposes []

Do NOT use any identifiable images of me for publicity purposes []

6. CLUB AFFILIATION AND RULES

ASA is my primary ASNZ affiliated club Yes / No

If No please list primary club: _____

I have read the ASA constitution, Forum & Club rules and agree to abide by them []

I confirm the above information above is correct to the best of my knowledge.
If I have not been truthful my membership may be revoked and membership fee forfeited.

Please be aware that we are unable to process incomplete membership forms

SIGNED: _____

DATE: _____

Club Member Signature : _____

DATE _____

Office Use Only

Membership approved date: _____

Committee Member Signature : _____